

Request for Name Change

(Form AL-B)

Please use this form to request a name change. Note that according to Section 27-7-17(B), Code of Alabama 1975, a licensee is required to notify the Department of Insurance of a name change within 30 days of that change. Failure to comply with this statute results in a \$50 fine.

***You must submit a marriage certificate, divorce decree, or court document in order to have your name changed.**

PLEASE COMPLETE EACH SECTION OF THIS FORM

Producer's **OLD** Full Name: _____

Social Security #: _____ License #: _____

Producer's **NEW** Full Name: _____

Date of Request: _____

* Mail this request to: **AL DEPT OF INSURANCE
PRODUCER LICENSING DIVISION
P O BOX 303351
MONTGOMERY, AL 36130-3351**

Or fax to: **(334) 240-3282**